ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: KIDTOWNE 72	Type of Facility : Center [X] Day [X] OST [ ] Night [X] Family [ ] University [ ] Group [ ]	Date of Visit: 7/28/2026
Facility Address: 8490 HIGHWAY 72 WEST, MADISON, AL 35758, Madison	Licensee: KID TOWNE INC.	Telephone #: (256) 325-0244
Ages: 7 Days to 13 Years/7 Days to 13 Years	Director (if applicable): DERR JOEY	Capacity: 66 / 39 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary [InspectionSummaryDescription]	
FEEDING, Allegation Comments: All infant bottles are not labelled.	Pending Correction
CHARACTER AND SUITABILITY, Allegation Comments: According to staff, new hires are In Training for two weeks without a complete file. A staff was allowed to work in a classroom without current CA/N and Suitability on file.	Pending Correction
RATIOS MAINTAINED, Allegation Comments: Observed nine (9), 24- 36-month-olds with one staff.	Pending Correction

INSTRUCTIONS TO LICENSEE: Column 2, Date Corrected by Licensee, is to be completed by the facility representative after each deficiency is corrected. The facility representative must put the date of correction and his/her initials in Column 2. This form must be returned to the Department of Human Resources on or before 8/11/26, as verification that deficiencies have been corrected.

NOTICE: Any misleading or any false statements or reports made to the Department and/or failure to correct the listed deficiencies can be the basis for adverse action. None of these requirements are to be interpreted to allow anyone to operate in violation of Performance Standards. A facility licensed by the Department must always meet Performance Standards applicable to that facility. It is the responsibility of the licensee to operate in compliance with Performance Standards.

Evelyn Smalley — 7-26-26

Signature of Facility Representative — Date

LEA RAE GAINES

_____ _____**7/28/26**_____

Signature of DHR Licensing Representative

Date

COPIES TO: _____